24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
CONCERNED AMERICAN VOTER	रऽ		C C00525899
,			
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee NorthStar Campaign Systems			Date of Public Distribution/Dissemination
Mailing Address 11421 Davenport St			Amount
City	State	Zip Code	708.11
Omaha	NE	68154	Transaction ID: WFT20144172248-1 Date of Disbursement or Obligation
Purpose of Expenditure Phone minutes		Category/ Type	05 / 17 / 2014
Name of Federal Candidate		Support C	Office Sought:
Smith Bryan		Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:
Full Name of Payee CAV call agent pay			Date of Public Distribution/Dissemination
Mailing Address 3030 Clarendon Blvd Ste 204	4		Amount
City	State	Zip Code	4300.00
Arlington	VA	22201	Transaction ID : WFT20144172252-1 Date of Disbursement or Obligation
Purpose of Expenditure CAV call agent pay		Category/ Type	05 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		X Support C	Office Sought:
Smith Bryan		Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought			Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		5008.11
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			5008.11
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
King Edward	[Electr	ronically Filed]	05 17 2014
Signature		Date	2014